

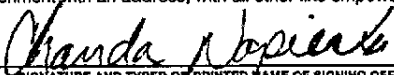


FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000078768				Apr 27, 2006 08:00 AM Secretary of State	
1. Entity Name CJN ENTERPRISES, INC.					
Principal Place of Business 2485 PELLICER RD. ST. AUGUSTINE, FL 32092		Mailing Address 2485 PELLICER RD. ST. AUGUSTINE, FL 32092			
DO NOT WRITE IN THIS SPACE					
		03312006 No Chg-P CR2E034 (11/05)			
		4. FEI Number 42-1599742		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE			
AKEL, DANIEL D ONE INDEPENDENT DR., SUITE 2301 JACKSONVILLE, FL 32202					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000538178 05/09/06-80047-013 150.00			
TITLE	D				
NAME	NAPIER, JONATHAN M				
STREET ADDRESS	2485 PELLICER RD.				
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092				
TITLE	D				
NAME	NAPIER, CHANDA L				
STREET ADDRESS	2485 PELLICER RD.				
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4-24-06		904-810-5301	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	